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Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10766,034	01/29/2004 RULE	604	3734	968-203

APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 10/042,355 01/11/2002 PAT 6,878,131
 which is a DIV of 09/637,873 08/15/2000 PAT 6,344,031
 which is a DIV of 09/460,713 12/14/1999 PAT 6,117,113
 which is a DIV of 09/215,519 12/18/1998 PAT 6,033,386
 which is a DIV of 08/917,337 08/25/1997 PAT 5,858,000
 which is a CIP of 08/603,868 02/22/1996 PAT 5,688,240
 which is a DIV of 08/470,026 06/06/1995 PAT 5,520,649
 which is a DIV of 08/361,227 12/21/1994 PAT 5,462,531
 which is a CIP of 08/128,694 09/30/1993 PAT 5,415,638
 which is a CIP of 07/909,385 07/08/1992 PAT 5,263,933 *
 which is a CIP of 07/800,849 11/29/1991 PAT 5,205,827
 which is a DIV of 07/687,108 04/18/1991 PAT 5,112,318
 which is a CIP of 07/607,127 10/03/1990 PAT 5,122,124
 which is a CIP of 07/410,318 09/21/1989 PAT 5,030,208
 which is a CIP of 07/327,344 03/22/1989 ABN
 which is a CIP of 07/285,012 12/14/1988 ABN
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 08/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY BC	SHEETS DRAWING 29	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

23117

TITLE

Safety syringe needle device with interchangeable and retractable needle platform

☐ All Fees☐ 1.16 Fees (Filing)

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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